

Notice of Nondiscrimination

Texas Health Harris Methodist Hospital Alliance as a recipient of federal financial assistance, does not exclude from participation, deny benefits to, or otherwise discriminate against any person on the basis of race, color, gender, age, national origin, religion, or disability in admission to, participation in, or receipt of services and benefits of any of its programs and activities, whether carried out by the Hospital directly or through a contractor or any other entity with whom the Hospital arranges to carry out its programs and activities.

The Hospital does not discriminate in patient admissions, room assignments, patient services, or hiring on the basis of race, color, gender, age, national origin, religion, or disability.

The Hospital provides free aids and services to people with disabilities to communicate effectively with us. The Hospital also provides free language services to people whose primary language is not English. If you need these services, please let our staff know of your need for effective communication.

If you believe that the Hospital has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, gender identity or sex, you can file a complaint. Please contact the 504 Coordinator to file a complaint.

Paige McLellan
Patient Advocate
10864 Texas Health Trail
Fort Worth, TX, 76244
682-212-2013

A complaint should be in writing, contain the name and address of the person filing it, and briefly describe the discriminatory act.

A complaint should be filed with the 504 Coordinator within 30 days after you become aware of the alleged discriminatory act. The 504 Coordinator will investigate the complaint. The 504 Coordinator should issue a written decision determining the validity of the complaint no later than 30 days after its filing.

You can file a complaint of discrimination electronically through the Office for Civil Rights Complaint Portal, which is available at: <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf> or by mail or phone at:

U.S. Department of Health and Human Services
1301 Young Street, Suite 1169
Dallas, TX 75202
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>